



Refuse Disposal Division Environmental Survey

Section: _____ Activity: _____ Process Map #: _____
Employee: _____ Date Surveyed: _____

Place a (+) or (-) Next To The Environmental Impact

Process Map Item #	Activity, Product or Service	Source of Impact (Aspect)	Air	Habitat	Storm Water	Soil/Land	Groundwater	Hazardous Waste	Solid Waste	Resource Consumption	Water Consumption	Power Consumption	Noise	Odor	Other (See Back)

Time Required To Complete Survey _____

Item No.	Describe any Other Environmental Impacts (from other side)

Definitions:

Activity, Product or Service = what you do

Environmental Aspect = element of “what you do” that can interact with the environment

Environmental Impact = any change to the environment (positive (+) or negative (-) that results from your activity

For questions and clarification call the EMS Project Manager at **573-1247**